Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3659	A. BUILDING _____ B. WING _____	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRYSTONS HOME CARE 2	7990 ZINFANDEL DRIVE, RENO, NEVADA ,89506

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 08/09/2024. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, or individuals with intellectual disabilities, Category II residents. The census at the time of the survey was five. Five resident files were reviewed, and four employee files were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	0000		

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0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, document review, record review, and interview, the Administrator failed to ensure personnel records and resident medical records were complete and accurate in accordance with State regulations. Findings include: See TAGS Y0053, Y0074, Y0102, Y0104, Y0450, Y0620, Y0859, Y1540, Y1700, Y1825, Y1830 Severity: 2 Scope: 3	0053	The Administrator insured all tags Y0053, Y0074, Y0102, Y0104, Y0450, Y0620, Y0859, Y1540, Y1700, Y1825, Y1830 were addressed to all employees and corrected and files must be completed at all times and put into place to ensure the deficient practice does not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. See attachments for all tags.	09/20/2024
0074 SS= F	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by	0074	Elder Abuse training for all employees should be taken on or before the previous years training annually as noted and addressed by Administrator to ensure and put into place so the deficient practice will not recur. The facility employees are now aware to take annual training on or before the expiration date of previous year. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Tag 074 #15,#16, #17, #18	09/18/2024

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	this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that			

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	each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the Administrator failed to ensure employees completed timely annual elder abuse prevention training for 4 of 4 sampled employees (Employee #1, #2, #3, and #4). Findings include: Employee #1 Employee #1 was hired as an Administrator on 08/30/2022. The employee's personnel file documented annual elder abuse training completed on 04/27/2023 and annual abuse training completed on 06/06/2024, two months late. Employee #2 Employee #2 was hired as an Owner/Caregiver on 09/12/2002. The employee's personnel file documented annual elder abuse training completed on 04/13/2023 and annual abuse training completed on 06/05/2024, two months late. Employee #3 Employee #3 was hired as an Owner/Manager on 12/20/2000. The employee's personnel file documented annual elder abuse training completed on 04/13/2023 and annual abuse training completed on 06/05/2024, two months late. Employee #4 Employee #4 was hired as a Caregiver on 12/01/2018. The employee's personnel file documented annual elder abuse training completed on 04/12/2023 and annual abuse training completed on 06/01/2024, two months late. On			

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	08/09/2024 at 12:00 PM, Owner acknowledged the elder abuse prevention training for Employees #1, #2, #3, and #4 was two months late. Severity: 2 Scope: 3			
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 employees' annual tuberculosis (TB) testing requirements was available for review during survey (Employee #3). Findings include: Employee #3 Employee #3 was hired as an Owner/Manager on 12/20/2000. Employee #3's file documented a single step TB test given on 10/01/2022 and read negative on 10/03/2022. Employee #3 file lacked documentation of an annual TB test in 2023 and 2024. On 08/09/2024 at 11:53 AM, the Owner confirmed the missing documentation and could not provide annual TB tests for Employee #3. Severity: 2 Scope: 1	0102	Employee no 3 as owner/manager tb test for 2023 was misfile but located on same file for employee no 3 . The Administrator is aware and addressed to all employees and should have their file checked at all times to ensure the deficient practice does not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Attached copy of employee no 3 2023 annual TB test. Tag no 0102 #1	09/18/2024

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #1). Findings include: Employee #1 Employee #1 was hired as an Administrator on 08/30/2022. Employee #1's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and a Nevada Automated Background Check System (NABS) clearance letter. On 08/09/2024 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #1 being entered and cleared. On 08/09/2024 at 11:38 AM, the Owner acknowledged the file for Employee #1 lacked documented evidence of fingerprint submissions and lacked evidence of NABS clearance letter. Severity: 2 Scope: 1	0104	The file of Administrator facility clearance letter was being entered and cleared on 8/13/24 as attached on tag 0104. The Administrator had her fingerprint cleared on 9/5/22 for final registry results and able to get the NABS Registry Results as attached. It is now noted and addressed by Administrator to make sure that the facility file is completed and monitored to ensure the deficient practice will not recur and the Administrator is responsible for ensuring the plan of correction and monitor for compliance. Tag 0104 #2, #19	09/20/2024

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review and interview, the facility failed to ensure caregivers were certified to perform cardiopulmonary resuscitation (CPR) and first aid for 1 of 4 sampled caregivers (Employee #4). Findings include: Employee #4 Employee #4 was hired as a Caregiver on 12/01/2018. The employee's file contained a first aid and CPR training certificate with an expiration date of 07/15/2024. Employee #4 's personnel file lacked documented evidence the employee had a current CPR and First Aid certification. On 08/09/2024 at 12:10 PM, the Owner confirmed the lapse in CPR and first aid training and further explained the employee was providing care to the residents during the lapse in the first aid training. Severity: 2 Scope: 1	0450	Employee #4 had taken First Aid/CPR on 8/31/2024 as attached and already late for annual due to the availability of instructor, it is now reviewed by facility Administrator and addressed that all files are completed annually on or before the expiration date of any trainings to ensure the deficient practice will not recur. The Administrator is responsible ensuring plan of correction is implemented and monitor for compliance. Tag 0450 #3 ,	09/18/2024

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a medical exemption to retain a resident who was bedfast for 1 of 5 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 09/29/2020, with diagnoses including dementia, chronic pain, anxiety, chronic headaches, and bedbound. On 08/09/2024 during a facility tour, Resident #1 was observed lying in bed. Resident #1 was unable to reposition or turn without staff assistance. Resident #1 verbalized they were bedbound. Resident #1 verbalized rarely gets out of the bed. The resident's medical record lacked documented evidence a bedfast exemption was obtained. On 08/09/2024 at 9:57 AM, the Owner acknowledged the resident was bedfast. The Owner verbalized there was no bedfast exemption applied for Resident #1. The Owner confirmed an exemption request to retain a bedbound resident was not submitted to the State of Nevada. Severity: 2 Scope: 1	0620	Resident No1 had been bed bound lately and used to get up by herself going to wheelchair and can do whatever she wants in her room, but lately for some reason her health changed and can't get up anymore and can't do things that she used to unlike before and needing help. The Administrator had submitted an application on 10/8/2024 for her for bedfast exemption to the State of Nevada and addressed to all employees for any resident who beginning to be bed bound or been staying in bed a lot should start applying for a bed fast exemption to ensure the deficient practice will not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance.	09/18/2024

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed for 2 of 5 residents (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 07/21/2023 with diagnoses including chronic obstructive pulmonary disease, asthma, and history of TB positive, pulmonary embolism. Resident #3's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2024. On 08/09/2024 at 10:32 AM, the Owner confirmed Resident #3's physical examination was not located in the resident file. Resident #4 Resident #4 was admitted to the facility on 04/07/2023, with diagnoses including cerebral vascular accident, venous thromboembolism, and prophylaxis. Resident #4's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2024. On 08/09/2024 at 10:46 AM, the Owner confirmed Resident #4's physical examination was not located in the resident file. On 08/09/2024 at 10:50 AM, the Owner confirmed the missing physical examinations and was unable to provide documented evidence of a physical examination completed for Resident #3 and #4. Severity: 2 Scope: 2	0859	Resident no 3 had physician visits on 8/27/24 as attached physician visit summary, due to the availability of his physician as that is the only available date to see the resident as per his family. Resident #4 had physician visit on 7/26/2024 as attached. Resident #3 and resident #4 have their new physician visits shows on new tags. Resident files should be monitored and completed annually to ensure the deficient practice will not recur. It is now addressed by Administrator to all employees to check all residents file at all times prior to any due date residents physician visits . The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Tag 0848 #4,#5 New tag #4A, #5A	09/18/2024
1540 SS= D	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or	1540	Employee no 1 has new Cultural Competency training dated 10/25/24 as shown on her certificate and State approved course. The Administrator had	09/18/2024

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	program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department		addressed all employees to check all files and should be accurate at all times. Each employee file are now monitored daily to ensure the deficient practice will not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Tag 1540 #7,#7A, 7B	

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	the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner			

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	in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program			

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	3659	A. BUILDING _____ B. WING _____	08/09/2024

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	subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her			

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	designee shall not approve the course or program. Inspector Comments: Based on interview and personnel record review the facility failed to ensure an employee had completed a cultural competency course approved by the Division of Public and Behavioral Health for 1 of 4 employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as an Administrator on 08/30/2022. The personnel record for Employee #1 lacked documented evidence the employee had completed a cultural competency course. On 08/09/2024 at 11:26 AM, the Owner confirmed the missing cultural competency course and was unable to provide documented evidence of a completed a cultural competency course. Severity: 2 Scope: 1			
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident	1700	Standard Physician Assessment and Placement Determination for resident #1,#2 and #4 has been completed and corrected and in compliance. The Administrator of the facility had addressed all employees to have all residents to complete the Standard Physician Assessment and Placement Determination prior in admitting a resident and annual assessments needed in order to have their health monitored for any changes that Standard Placement Determination is needed at all times to ensure the deficient practice will not recur. The Administrator is responsible for ensuring the plan of correction and monitor for compliance. Tag 1700 #8,#9,#8A, 9A, 9B	09/18/2024

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	has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and clinical record review, the Administrator failed to ensure standard placement determinations were completed by a provider initially upon admission and annually thereafter for residents with a diagnosis of dementia, not residing in memory care, for 3 of 5 residents (Resident #1, #2, and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 09/29/2020 with diagnoses including dementia, chronic pain, anxiety, chronic headaches, and bedbound. Resident #1's clinical record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed upon admission and annually thereafter. On 08/09/2024 at 10:03 AM, the Owner confirmed a Standard Physician Assessment and Placement Determination had not been completed upon admission and annually for Resident #1. Resident #2 Resident #2 was admitted to the facility on 10/12/2020 with diagnoses including late onset Alzheimer's dementia without behavioral disturbance, depressive disorders, and hypertension. Resident #2's clinical record contained a Standard Placement Determination dated 07/19/2022.			

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	The clinical record lacked documented evidence of an annual Standard Placement Determination completed annually. On 08/09/2024 at 10:21 AM, the Owner confirmed a Standard Physician Assessment and Placement Determination had not been completed annually for Resident #2. Resident #4 Resident #4 was admitted to the facility on 04/07/2023 with diagnoses including cerebral vascular accident, venous thromboembolism, and prophylaxis. Resident #4's clinical record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed upon admission and annually thereafter. On 08/09/2024 at 10:48 AM, the Owner confirmed a Standard Physician Assessment and Placement Determination had not been completed upon admission and annually for Resident #4. Severity: 2 Scope: 3			
1825 SS= C	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified with the potential to affect 5 of 5 residents. Findings include: On 08/09/2024 at 11:19 AM, the facility lacked documented evidence to identify a primary and secondary person responsible for the facility's infection control program. On 08/09/2024 at 11:19 AM, the Owner verbalized the facility had not designated a primary and secondary person responsible for the facility's infection control program. Severity: 1 Scope: 3	1825	The facility's infection control have primary who is the Administrator and secondary person is the Owner/mgr of the facility's Infection Control as responsible for facility's infection control program and documented as evidence as attached. The Administrator had addressed to have an infection control annually for primary and secondary person responsible and to all employees as well to ensure the deficient practice does not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Tag 1825 #10, #11	09/18/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review and interview, a primary infection control staff lacked the required infection control training. Findings include: Employee personnel files lacked the required infection control and prevention training required for infection control staff. On 08/09/2024 at 11:19 AM, the Owner confirmed the facility had not designated a primary and secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 3	1830	The facility employees had missed having an infection control trainings in the past and has now a primary and secondary responsible person for facility's infection control program as attached evidence of certificates as the same as tag 1825. Staff also have their trainings for facility's infection control on 8/31/2024 as attached employee certificates. Employees had completed the course of 15hrs course of Infection Control Training course on 10/19/24 as shown on tags. The Administrator had addressed all employees to have infection control program training annually for all employees for primary and secondary person responsible and other staff to ensure the deficient practice will not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Tag 1830 #12, #13,#14 New tags #15,#16,#17	09/18/2024